
	<b>DHS Early Head Start Program Policy</b>		
<b>PDM 9</b>			
<b>SUBJECT</b>	Critical Incident Reporting		
<b>REFERENCE</b>	Program Design and Management		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 7/26/16</b>	<b>Policy Council Revision: 5/23/23</b>	<b>Governing Body Approval: 9/19/16</b>	<b>Governing Body Revision: 6/15/23</b>
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### Policy:

The Head Start Program, including Early Head Start (EHS) must develop and implement a system for Critical Incident Reporting (CIR). All staff must be trained on incident reporting.

A critical incident includes, but is not limited to:

- Suspected child abuse/neglect which may or may not have occurred during service hours.
- Allegations of child abuse/neglect or maltreatment against any EHS staff member, volunteer, consultant and contractor, including, but not limited to grabbing, shoving, shaking, swatting, or dragging a child; spanking or any other type of corporal or physical punishment; binding tying, or taping a child; terrorizing a child with threats or menacing acts; or any form of sexual contact.
- Incidents which may have placed a child, family member or staff in danger.
- Any incident where a child is left unsupervised while in the care or under the supervision of program staff, which includes leaving a child alone anywhere on the grounds of an EHS center (e.g., in a classroom, bathroom, on a playground), as well as outside the facility in a parking lot, or on a nearby street.
- Any incident that involves a classroom that is out of ratio. Any situation that involves a classroom out of ratio must be reported.
- Inappropriate discipline, which is any type of conduct used to instill fear or humiliate rather than to educate a child, such as poking or pinching a child; making fun of or laughing about a child; using/withholding food or an activity as a punishment or reward; or isolating a child.
- Health incidents and illnesses, which include, but are not limited to:
  - Injuries that require urgent medical attention by a health-care

professional, such as a broken bone; a severe sprain; chipped or cracked teeth; head trauma; deep cuts; contusions or lacerations; or animal bites.

- Child or staff member leaving by emergency medical transport

⊖ ● Any reportable disease/illness, as indicated by the Centers for Disease Control and Prevention, State of Texas, State of Texas Child Care Regulations, or the City of San Antonio Metro Health Department.

- Child receiving outside medical attention at any point in time for an injury sustained during EHS program hours

- Unauthorized release where a child is released from an EHS center to a person without the permission or authorization of a parent or legal guardian and whose identity had not been verified by photo identification.
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- Any incident which has the potential to generate negative media coverage
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- Any media inquiry/coverage of the program
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- Unplanned interruption in EHS Program services
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- Closure of any facility or part of a facility, including outdoor play areas
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- Accidents involving vehicles that transport children and families
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When applicable, parents/guardians must be notified of critical incidents within 24 hours of occurrence. Providers must also provide notification to the EHS Senior Special Projects Manager or designee within 24 hours.

**Performance Standard(s):**

1302.47(c); 1302.102(d)(1)(ii); 1304.12; 1303.79(b)(3)

**Information Memorandum:**

ACF-IM-HS-22-07